

# **COLORADO INDIGENT CARE PROGRAM**

**FISCAL YEAR 2014-15**

**MANUAL**

**SECTION I:  
ELIGIBILITY**

**EFFECTIVE: July 1, 2014**

## **ARTICLE III MEDICAID PROGRAMS & Child Health Plan Plus (CHP+)**

### **Medicaid Programs and Child Health Plan Plus (CHP+)**

Medicaid is a state and federally funded program that pays for medical services for low-income families and individuals. Medicaid is a program for the categorically needy, meaning that an individual or family must fall below a certain income/resource limit.

CHP+ is a public health insurance for low-income children ages 18 and under and pregnant women. CHP+ is a program for applicants who are not eligible for Medicaid due to income limits, and must not have other health insurance.

Providers must screen CICP applicants for Medicaid eligibility and CHP+ prior to assigning a CICP rating. This is beneficial for both providers and applicants because under Medicaid and CHP+ providers receive higher reimbursement and applicants receive more benefits and may have lower copayments. The Provider Compliance Audit requires verification that the applicant was determined “not categorically eligible” for Medicaid or CHP+.

#### **Section 1.01 Denial of Medicaid or CHP+ Eligibility**

If the applicant appears to meet the eligibility criteria for CHP+ or any of the Medicaid eligibility categories, a denial letter from CHP+ or the local county Department of Human or Social Services must be received.

A letter from CHP+ or the local county Department of Human or Social Services indicating voluntary withdrawal or denial due to refusal to submit complete documentation is not sufficient proof that the applicant has applied for CHP+ or Medicaid and been denied.

Providers should refer to Article III, Section 3.09, **Completing the Medicaid Ineligibility Codes**, to locate the correct ineligibility code explaining why an applicant that is categorically eligible for Medicaid or CHP+, is receiving CICP. Also, for each household member on Section I of the CICP Application, please check the appropriate code that determines why an applicant is not eligible for Medicaid or CHP+.

The table below illustrates what program categories can be used in conjunction with CICP.

## CICP ELIGIBILITY AND OTHER PUBLIC HEALTH PROGRAMS

| Children's Programs                   | Description of Programs   | Federal Poverty Level | CICP Eligibility | Effective Date:                                    |
|---------------------------------------|---|-----------------------|------------------|--|
| Child Health Plan Plus (CHP+)         | Low-cost health insurance for children under 19.  | 250% FPL              | No               | 1 <sup>st</sup> day of month of CHP+ application.  |
| CHP+ Presumptive Eligibility (PE)     | Access to immediate temporary medical coverage for children, for at least 45 days while eligibility for full health care benefits is determined.  | 250% FPL              | No               | N.A.   |
| Medicaid Presumptive Eligibility (PE) | Access to immediate temporary medical coverage for children, for at least 45 days while eligibility for full health care benefits is determined   | 133% FPL              | No               | N.A.   |
| Children with low-income              | Medicaid coverage for children under 19.  | 133% FPL              | No               | Backdates up to 90 days from Medicaid application. |
| Children with Disabilities            | Under age of 19; meet Social Security Administration definition of disability.  | 300% FPL              | No               | Backdates up to 90 days from Medicaid application. |
| Foster Care                           | Covers persons less than 21 years of age for whom a county is assuming full or partial financial responsibility; who are in foster care, in homes or private institutions, or in subsidized adoptive homes prior to the final decree of adoption. | N.A.                  | No               | N.A.   |
| <b>Former</b> Foster Care             | Medicaid coverage to age 26 for youth who have aged out of foster care who were not adopted and who did not emancipate prior to turning 18.   | N.A.                  | No               | N.A.   |

## CICP ELIGIBILITY AND OTHER PUBLIC HEALTH PROGRAMS

| <b>Pregnant Women Programs</b>        | <b>Description of Programs</b>   | <b>Federal Poverty Level</b> | <b>CICP Eligibility</b> | <b>Effective Date</b>   |
|---------------------------------------|--|------------------------------|-------------------------|---|
| CHP+                                  | Low-cost health insurance for pregnant women.  | 250% FPL                     | No                      | 1 <sup>st</sup> day of month of CHP+ application.                         |
| CHP+ Presumptive Eligibility          | Access to immediate temporary medical coverage for pregnant women for at least 45 days, while eligibility for full health care benefits is determined.           | 250% FPL                     | No                      | N.A.  |
| Medicaid Presumptive Eligibility (PE) | Immediate temporary Medicaid coverage for pregnant women.  | 185% FPL                     | No                      | N.A.  |
| Medicaid                              | Medicaid coverage for pregnant women.  | 185% FPL                     | No                      | Backdates up to 90 days of Medicaid application.                          |
| <b>Medicaid Programs for Adults</b>   | <b>Description of Programs</b>   | <b>Federal Poverty Level</b> | <b>CICP Eligibility</b> | <b>Effective Date</b>   |
| Transitional Medical Assistance       | Ineligible for Medicaid because new or increased income from employment, or hours of employment, provided an employed member of family continues to be employed. | 185% FPL                     | No                      | Begins first month of ineligibility for Medicaid due to change in income. |
| Caretaker of Dependent Children       | Adults age 19 – 64. Must have dependent child in home.   | 133% FPL                     | No                      | Backdates up to 90 days of Medicaid application.                          |
| Adults without Dependents             | Adults age 19 – 64 without a dependent child in the home.  | 133% FPL                     | No                      | Backdates up to 90 days from Medicaid application.                        |

## CICP ELIGIBILITY AND OTHER PUBLIC HEALTH PROGRAMS

| <b>Senior Adult Programs</b>                             | <b>Description of Programs</b>   | <b>Federal Poverty Level</b>                    | <b>CICP Eligibility</b> | <b>Effective Date</b>  |
|--|--|---|-------------------------|--|
| Old Age Pension (OAP)- Medicaid                          | Disabled or over 65.   | 76.9% FPL                                       | No                      | Backdates up to 90 days from Medicaid application.   |
| Old Age Pension (OAP-State Only)                         | Not eligible for Medicaid.   | 76.9% FPL                                       | Yes                     | Eligibility begins date of application or date eligibility is established, whichever is later. |
| <b>Medicare Savings Programs</b>                         | <b>Description of Programs</b>   | <b>Federal Poverty Level</b>                    | <b>CICP Eligibility</b> | <b>Effective Date</b>  |
| Specified Low-Income Medicare Beneficiary Program (SLMB) | 65 or disabled, limited financial resources and income, State pays percentage of premium of Part B.  | 120% FPL  | Yes                     | Backdates up to 90 days from application.  |
| Qualified Individual Program (QI1)                       | Individuals must apply every year; does not qualify for any Medicaid program; State pays Part B premium.   | 120-135% FPL                                    | Yes                     | Backdates up to 90 days from application.  |
| Qualified Medicare Beneficiary Program (QMB)             | State pays 20% Medicare Part B co-insurance.   | 100% FPL  | Yes                     | Effective 1 <sup>st</sup> day of month following the month of eligibility determination.       |
| Medicare- Medicaid – QMB (Dual Eligibles)                | 65 years or older, or disabled, status under Social Security or Railroad Retirement assistance with Medicare premiums and out of pocket Medicaid expenses. | 100% FPL  | No                      | Effective 1 <sup>st</sup> day of month following the month of eligibility determination.       |
| Long-term Care   | 65 years or older, blind, or disabled people on SSI.   | 100% FPL  | No                      | Backdates up to 90 days from application.  |
| HCBS & Nursing Home Patients                             | Disabled individuals needing long-term care.   | 300% FPL of Supplemental Security Income Level. | No                      | N.A. (Can be on wait-list for up to 5 years).  |